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Bib Data Sheet

CONFIRMATION NO. 9276

SERIAL NUMBER 10/789,147	FILING OR 371(c) DATE 02/27/2004 RULE	CLASS 718	GROUP ART UNIT 2195	ATTORNEY DOCKET NO. YOR920030548US1 (590.126)
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APPLICANTS

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** CONTINUING DATA *****

No M.Z.

** FOREIGN APPLICATIONS *****

No M.Z.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/19/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: M.Z.				

ADDRESS

35195

TITLE

Methods and arrangements for automated change plan construction and impact analysis

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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